

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

SERIAL NO.
9/3357127
APPLICANT
FILING DATE
6-17-99

CLAIMS	AS FILED						AFTER 1 ST AMENDMENT						AFTER 2 ND AMENDMENT					
	IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.	
	1												51					
2													52					
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44													94					
45													95					
46													96					
47													97					
48													98					
49													99					
50													100					
TOTAL IND.	7												TOTAL IND.					
TOTAL DEP.	13												TOTAL DEP.					
TOTAL CLAIMS	20												TOTAL CLAIMS					